



**Georgia State Board of Veterinary Medicine**  
**237 Coliseum Drive**  
**Macon, Georgia 31217**

Phone: (404) 424-9966 \* Email: [PLB-Healthcare2@sos.ga.gov](mailto:PLB-Healthcare2@sos.ga.gov)

## **VETERINARY PEER REVIEWER APPLICATION INSTRUCTIONS**

### **WHAT IS AN VETERINARY PEER REVIEWER (VPR)?**

The Board may call upon a veterinary peer reviewer (VPR) to provide an impartial evaluation of investigative materials that are within the possession of the Board. An VPR is a licensed professional who possesses extensive knowledge of acceptable and prevailing standards of practice set forth within their area of expertise or field of study. An VPR draws upon their practice and education to articulate how the practices or conduct of an individual or entity has exceeded, met, or fallen below the standard within the profession. At the completion of their evaluations, VPRs provide a typewritten report of their findings, to include recent and relevant references supporting their expert opinion about the practice or conduct. VPRs must be willing to testify to his or her findings during disciplinary proceedings should it become necessary.

In addition to the qualifications and expectations noted above, an VPR shall always maintain confidentiality as well as practice a level of anonymity while conducting the review. In other words, only the VPR and Board and its representatives should be aware that an veterinary peer review is taking place. VPRs are compensated for their services once a detailed and typewritten review that meets specifications has been received. VPRs are immune from civil and criminal liability for testifying or making recommendations in good faith and without malice to the Board in any proceedings against a licensee or applicant [O.C.G.A. §§43-1-19(i) and 43-50-41(i)].

### **QUALIFICATIONS**

Applicants for veterinary peer reviewer must submit a complete application and meet the following minimum criteria:

- 1) Have an active, unencumbered license to practice in their profession or field;
- 2) Have never been arrested, disciplined or sanctioned by any lawful licensing authority or law enforcement agency;
- 3) Have practiced a minimum of five (5) years in the field;
- 4) Is actively practicing within the profession in academia and/or clinical settings;
- 5) Is an active member of an organization or association affiliated with the profession, to include but not limited to veterinary specialty organizations; and,
- 6) Provided a letter of interest, a secure and verifiable document and curriculum vitae which includes information such as the applicant's academia, employment history, certifications, and commendations.

Consideration of these criteria does not preclude the Board or its designee from considering other factors that appear relevant in determining whether an individual should be an approved VPR. Approval will be granted upon the Board's discretion.

Once an applicant is approved, the applicant will be notified by letter of their acceptance and will be added to a list of approved VPRs which will be maintained by board staff. If approval is not granted, the individual may not reapply as an VPR until at least twelve (12) months after the date of the original application.

The Board may rescind approval or eligibility at their discretion and will notify the VPR in the event matters are noted that apparently disqualify the individual.

If you have an interest in protecting and preserving the public health, safety and welfare as an Veterinary Peer Reviewer, please complete the following application and submit it along with your cover letter and curriculum vitae to the address listed above.



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**VETERINARY PEER REVIEWER APPLICATION**

**PROFESSION: VETERINARIAN**

**1. EMPLOYER**

\_\_\_\_\_ BUSINESS NAME

**ADDRESS**

\_\_\_\_\_ EMPLOYER ADDRESS (P.O. BOX, NOT ACCEPTABLE)

\_\_\_\_\_ SUITE #

\_\_\_\_\_ CITY

\_\_\_\_\_ STATE

\_\_\_\_\_ ZIP

**2. TYPE OF PRACTICE OR AREA OF FOCUS: (Check all that apply)**

- Feline (cats)
- Equine (horses)
- Avian (birds)
- Canine & Feline (dogs and cats)
- Beef cattle (cattle raised for meat)
- Exotic Companion Mammal (ferrets, rabbits, mice, rats and other small mammals often kept as pets)
- Food Animal (cattle, sheep, goats, and pigs)
- Dairy (cows that produce milk)
- Reptile and Amphibian (snakes, lizards, salamanders, turtles, etc.)
- Shelter (diverse population of animals in a shelter setting)
- Swine Health Management (pigs)
- Poultry (chickens, turkeys, ducks, and other fowl, usually in food production settings.)
- Zoological medicine (zoo collection animals, free-living wildlife, aquatic species, and companion zoological animals.)

**3. VETERINARY DIPLOMATES OR SPECIALITIES: (Check all that apply)**

- |   |   |   |
|---|---|---|
| <input type="checkbox"/> Anesthesia and Analgesia | <input type="checkbox"/> Laboratory Animal Medicine | <input type="checkbox"/> Animal Welfare       |
| <input type="checkbox"/> Microbiology             | <input type="checkbox"/> Behavior                   | <input type="checkbox"/> Veterinary Nutrition |
| <input type="checkbox"/> Dentistry                | <input type="checkbox"/> Ophthalmology              | <input type="checkbox"/> Dermatology          |
| <input type="checkbox"/> Pathology                | <input type="checkbox"/> Emergency & Critical Care  | <input type="checkbox"/> Pharmacology         |

**VETERINARY DIPLOMATES OR SPECIALITIES continued: (Check all that apply)**

- |  |  |   |
|--|--|---|
| <input type="checkbox"/> Internal Medicine   | <input type="checkbox"/> Preventative Medicine | <input type="checkbox"/> Cardiology                       |
| <input type="checkbox"/> Radiology           | <input type="checkbox"/> Neurology             | <input type="checkbox"/> Sports Medicine & Rehabilitation |
| <input type="checkbox"/> Oncology            | <input type="checkbox"/> Orthopedic Surgery    | <input type="checkbox"/> Theriogenology                   |
| <input type="checkbox"/> Soft Tissue Surgery | <input type="checkbox"/> Toxicology            | <input type="checkbox"/> Neurosurgery                     |
| <input type="checkbox"/> Zoological Medicine | <input type="checkbox"/> Other _____           |   |

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**PERSONAL INFORMATION:**

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4. NAME \_\_\_\_\_  
LAST FIRST MIDDLE MAIDEN

5. NAME as shown on documentation (if different): \_\_\_\_\_  
LAST FIRST MIDDLE MAIDEN

6. SOCIAL SECURITY NO. \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ DATE OF BIRTH MM-DD-YYYY  
(THIS INFORMATION IS AUTHORIZED TO BE OBTAINED AND DISCLOSED TO STATE AND FEDERAL AGENCIES PURSUANT TO O.C.G.A. §§ 19-11- 1 & 20-3-295, 42 U.S.C.A §§551, 20 & 101)

7. GENDER:  Male  Female Race: \_\_\_\_\_ Ethnicity: \_\_\_\_\_ (Hispanic or Latino) \_\_\_\_\_ (Not Hispanic or Latino)

8. ADDRESS \_\_\_\_\_  
PHYSICAL/HOME ADDRESS (P.O. BOX, NOT ACCEPTABLE) APT #  
\_\_\_\_\_  
CITY STATE ZIP

If you are granted approval, the investigative records to be reviewed will be sent to your physical address with instructions from the Board office. As a result, you must immediately notify the Board in writing of any address changes.

9. DAYTIME PHONE ( \_\_\_\_\_ ) \_\_\_\_\_ OTHER PHONE ( \_\_\_\_\_ ) \_\_\_\_\_

10. E-Mail Address: \_\_\_\_\_  
(PLEASE print clearly)

11.  I am a U.S. citizen  I am not a U.S. citizen but am a qualified alien under the federal Immigration and Naturalization Act, and I am lawfully present in the United States. If you are not a U.S. citizen, you must provide documentation to determine qualified alien status as indicated on the enclosed Affidavit of Citizenship.

12. Country of Birth: \_\_\_\_\_

13. License Number: \_\_\_\_\_

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**PREVIOUS DISCIPLINARY AND CRIMINAL CONVICTION INFORMATION**

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14. Board Disciplinary Actions/Legal Convictions: Answer BOTH Questions:

A. Have you ever been arrested, convicted, sentenced, plead guilty, plead nolo contendere or given first offender status which is: (1) a misdemeanor; (2) a felony; (3) a crime involving moral turpitude; (4) a crime violating a federal law involving controlled substances, dangerous drugs or a DUI /DWI; (5) any offense other than a minor traffic violation? **Note: Even if probation completed or first offender status granted.**

Yes  No



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**AFFIDAVIT BY APPLICANT**

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I hereby swear and affirm that I have read and understand the current state laws and rules and regulations of the Georgia State Board of Veterinary Medicine, and I agree to abide by these laws and rules, as amended from time to time.

By signing this application, electronically or otherwise, I hereby swear and affirm one of the following to be true and accurate pursuant to O.C.G.A. § 50-36-1:

- 1) \_\_\_\_\_ I am a United States citizen 18 years of age or older. Please submit a copy of your current Secure and Verifiable Document(s) such as driver's license, passport, or document as indicated on pages 6 & 7 of this application.
  
- 2) \_\_\_\_\_ I am not a United States citizen, but I am a legal permanent resident of the United States 18 years of age or older, or I am a qualified alien or non-immigrant under the Federal Immigration and Nationality Act 18 years of age or older with an alien number issued by the Department of Homeland Security or other federal immigration agency. Please submit a copy of your current immigration document(s) which includes either your Alien Number or your I-94 number and, if needed, SEVIS number.

In making the above attestation, I understand that any failure to make full and accurate disclosures may result in disciplinary action by the Georgia State Board of Veterinary Medicine and/or criminal prosecution.

I hereby certify that the information contained in this application is true and correct to the best of my knowledge. I also understand that this application is for licensure in Georgia only, and not for the purpose of exam application. I have also read and understand the rules and law governing the practice of veterinary technology in Georgia.

Signature of Applicant \_\_\_\_\_

Sworn to and subscribed before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_

Signature of Notary Public \_\_\_\_\_

My commission expires \_\_\_\_\_

(Notary Seal)



**Office of the Secretary of State**  
**Name-Based Criminal History Record Information Consent/Inquiry Form**

I hereby authorize \_\_\_\_\_ to conduct an inquiry for  
 \_\_\_\_\_ Agency/Company  
 the purpose listed below and receive any Georgia and/or national criminal history record information  
 as authorized by state and federal law.

Full Name (print)			
Address			
Sex	Race	Date of Birth	Social Security Number

Please check **ONLY** one of the boxes listed below:

- This authorization is valid for \_\_\_\_\_ days from date of signature.
- I, \_\_\_\_\_, give consent to the above-named entity  
 to perform periodic criminal history background checks for the duration of my employment.

\_\_\_\_\_  
 Signature Date

**AREA BELOW IS FOR AGENCY USE ONLY**

Date of Inquiry: \_\_\_\_\_ Time of Inquiry: \_\_\_\_\_ Operator's Initials: \_\_\_\_\_

Purpose Code Used: (check one)

NON-CRIMINAL JUSTICE PURPOSES	
<input type="checkbox"/>	E - Employment
<input type="checkbox"/>	M - Working with Mentally Disabled
<input type="checkbox"/>	N - Working with Elderly
<input type="checkbox"/>	W - Working with Children
<input type="checkbox"/>	P - Public Records (no consent required)
<input type="checkbox"/>	F - Probate Court / Weapons Carry License
PERSONAL REQUEST (INDIVIDUAL OR THEIR ATTORNEY)	
<input type="checkbox"/>	U - Personal Copy
CRIMINAL JUSTICE	
<input type="checkbox"/>	J - Civilian Criminal Justice Employment (State & III Info Received)
<input type="checkbox"/>	Z - Sworn Criminal Justice Employment (State & III Info Received)

The inquiry resulted in the following: (check all that apply)

<input type="checkbox"/>	No Criminal Record Available
<input type="checkbox"/>	Criminal Record (Attached/Released)
<input type="checkbox"/>	No NCIC/GCIC Warrant
<input type="checkbox"/>	Possible NCIC/GCIC Warrant (List Wanting Agency Below)

Wanting Agency Name: \_\_\_\_\_

Wanting Agency Telephone: \_\_\_\_\_

Agency Designee Signature and Title: \_\_\_\_\_ Date: \_\_\_\_\_

## Attachment A

### NON-CRIMINAL JUSTICE APPLICANT'S PRIVACY RIGHTS

As an applicant that is the subject of a Georgia only or a Georgia and Federal Bureau of Investigation (FBI) national fingerprint/biometric-based criminal history record check for a non-criminal justice purpose (such as an application for a job or license, immigration or naturalization, security clearance, or adoption), you have certain rights which are discussed below.

- You must be provided written notification that your fingerprints/biometrics will be used to check the criminal history records maintained by the Georgia Crime Information Center (GCIC) and the FBI, when a federal record check is so authorized.
- If your fingerprints/biometrics are used to conduct a FBI national criminal history check, you are provided a copy of the Privacy Act Statement that would normally appear on the FBI fingerprint card.
- If you have a criminal history record, the agency making a determination of your suitability for the job, license, or other benefit must provide you the opportunity to complete or challenge the accuracy of the information in the record.
- The agency must advise you of the procedures for changing, correcting, or updating your criminal history record as set forth in Title 28, Code of Federal Regulations (CFR), Section 16.34.
- If you have a Georgia or FBI criminal history record, you should be afforded a reasonable amount of time to correct or complete the record (or decline to do so) before the agency denies you the job, license or other benefit based on information in the criminal history record.
- In the event an adverse employment or licensing decision is made, you must be informed of all information pertinent to that decision to include the contents of the record and the effect the record had upon the decision. Failure to provide all such information to the person subject to the adverse decision shall be a misdemeanor [O.C.G.A. § 35-3-34(b) and §35-3-35(b)].

You have the right to expect the agency receiving the results of the criminal history record check will use it only for authorized purposes and will not retain or disseminate it in violation of state and/or federal statute, regulation or executive order, or rule, procedure or standard established by the National Crime Prevention and Privacy Compact Council.

If the employment/licensing agency policy permits, the agency may provide you with a copy of your Georgia or FBI criminal history record for review and possible challenge. If agency policy does not permit it to provide you a copy of the record, information regarding how to obtain a copy of your Georgia, FBI or other state criminal history may be obtained at the GBI website (<http://gbi.georgia.gov/obtaining-criminal-history-record-information>).

If you decide to challenge the accuracy or completeness of your Georgia or FBI criminal history record, you should send your challenge to the agency that contributed the questioned information. Alternatively, you may send your challenge directly to GCIC provided the disputed arrest occurred in Georgia. Instructions to dispute the accuracy of your criminal history can be obtained at the GBI website (<http://gbi.georgia.gov/obtaining-criminal-history-record-information>).

## Attachment B PRIVACY ACT

### STATEMENT

**Authority:** The FBI's acquisition, preservation, and exchange of fingerprints and associated information is generally authorized under 28 U.S.C. 534. Depending on the nature of your application, supplemental authorities include Federal statutes, State statutes pursuant to Pub. L. 92-544, Presidential Executive Orders, and federal regulations. Providing your fingerprints and associated information is voluntary; however, failure to do so may affect completion or approval of your application.

**Principal Purpose:** Certain determinations, such as employment, licensing, and security clearances, may be predicated on fingerprint-based background checks. Your fingerprints and associated information/biometrics may be provided to the employing, investigating, or otherwise responsible agency, and/or the FBI for the purpose of comparing your fingerprints to other fingerprints in the FBI's Next Generation Identification (NGI) system or its successor systems (including civil, criminal, and latent fingerprint repositories) or other available records of the employing, investigating, or otherwise responsible agency. The FBI may retain your fingerprints and associated information/biometrics in NGI after the completion of this application and, while retained, your fingerprints may continue to be compared against other fingerprints submitted to or retained by NGI.

**Routine Uses:** During the processing of this application and for as long thereafter as your fingerprints and associated information/biometrics are retained in NGI, your information may be disclosed pursuant to your consent, and may be disclosed without your consent as permitted by the Privacy Act of 1974 and all applicable Routine Uses as may be published at any time in the Federal Register, including the Routine Uses for the NGI system and the FBI's Blanket Routine Uses. Routine uses include, but are not limited to, disclosures to: employing, governmental or authorized non-governmental agencies responsible for employment, contracting, licensing, security clearances, and other suitability determinations; local, state, tribal, or federal law enforcement agencies; criminal justice agencies; and agencies responsible for national security or public safety.

**APPLICANT: PLEASE CHECK THE FORM OF IDENTIFICATION BELOW THAT YOU POSSESS. RETURN THIS FORM ALONG WITH A COPY OF YOUR APPROPRIATE DOCUMENTATION.**

\_\_\_\_\_  
**Name**

Secure and Verifiable Documents Under O.C.G.A. § 50-36-2  
Issued October 28, 2016, by the Office of the Attorney General, Georgia

The Illegal Immigration Reform and Enforcement Act of 2011 (“IIREA”), as amended by Senate Bill 160, signed into law as Act No. 27, (2013), provides that “[n]ot later than August 1, 2011, the Attorney General shall provide and make public on the Department of Law’s website a list of acceptable secure and verifiable documents. The list shall be reviewed and updated annually by the Attorney General.” O.C.G.A. § 50-36-2(f). The Attorney General may modify this list on a more frequent basis, if necessary.

The following list of secure and verifiable documents, published under the authority of O.C.G.A. § 50-36-2, contains documents that are verifiable for identification purposes, and documents on this list may not necessarily be indicative of residency or immigration status.

\_\_\_\_\_ An unexpired United States passport or passport card [O.C.G.A. § 50-36-2(b)(3); 8 CFR § 274a.2]

\_\_\_\_\_ An unexpired United States military identification card [O.C.G.A. § 50-36-2(b)(3); 8 CFR § 274a.2]

\_\_\_\_\_ An unexpired driver’s license issued by one of the United States, the District of Columbia, the Commonwealth of Puerto Rico, Guam, the Commonwealth of the Northern Marianas Islands, the United States Virgin Island, American Samoa, or the Swain Islands, provided that it contains a photograph of the bearer or lists sufficient identifying information regarding the bearer, such as name, date of birth, gender, height, eye color, and address to enable the identification of the bearer [O.C.G.A. § 50-36-2(b)(3); 8 CFR § 274a.2]

\_\_\_\_\_ An unexpired identification card issued by one of the United States, the District of Columbia, the Commonwealth of Puerto Rico, Guam, the Commonwealth of the Northern Marianas Islands, the United States Virgin Island, American Samoa, or the Swain Islands, provided that it contains a photograph of the bearer or lists sufficient identifying information regarding the bearer, such as name, date of birth, gender, height, eye color, and address to enable the identification of the bearer. [O.C.G.A. § 50-36-2(b)(3); 8 CFR § 274a.2]

\_\_\_\_\_ A unexpired tribal identification card of a federally recognized Native American tribe, provided that it contains a photograph of the bearer or lists sufficient identifying information regarding the bearer, such as name, date of birth, gender, height, eye color, and address to enable the identification of the bearer. A listing of federally recognized Native American tribes may be found at:  
<http://www.bia.gov/WhoWeAre/BIA/OIS/TribalGovernmentServices/TribalDirectory/index.htm> [O.C.G.A. § 50-36-2(b)(3); 8 CFR § 274a.2]

\_\_\_\_\_ An unexpired United States Permanent Resident Card or Alien Registration Receipt Card [O.C.G.A. § 50-36-2(b)(3); 8 CFR § 274a.2]

\_\_\_\_\_ An unexpired Employment Authorization Document that contains a photograph of the bearer [O.C.G.A. § 50-36-2(b)(3); 8 CFR § 274a.2]

\_\_\_\_\_A unexpired passport issued by a foreign government, provided that such passport is accompanied by a United States Department of Homeland Security (DHS") Form I-94, DHS Form I-94A, DHS Form I-94W, or other federal form specifying an individual's lawful immigration status or other proof of lawful presence under federal immigration law<sup>1</sup> [O.C.G.A. § 50-36-2(b)(3); 8 CFR § 274a.2]

\_\_\_\_\_An unexpired Merchant Mariner Document or Merchant Mariner Credential issued by the United States Coast Guard [O.C.G.A. § 50-36-2(b)(3); 8 CFR § 274a.2]

\_\_\_\_\_An unexpired Free and Secure Trade (FAST) card [O.C.G.A. § 50-36-2(b)(3); 22 CFR § 41.2]

\_\_\_\_\_An unexpired NEXUS card [O.C.G.A. § 50-36-2(b)(3); 22 CFR § 41.2]

\_\_\_\_\_An unexpired Secure Electronic Network for Travelers Rapid Inspection (SENTRI) card [O.C.G.A. §50-36-2(b)(3); 22 CFR § 41.2]

\_\_\_\_\_An unexpired driver's license issued by a Canadian government authority [O.C.G.A. § 50-36-2(b) (3); 8 CFR § 274a.2]

\_\_\_\_\_A Certificate of Citizenship issued by the United States Department of Citizenship and Immigration Services (USCIS) (Form N-560 or Form N-561) [O.C.G.A. § 50-36-2(b)(3); 6 CFR § 37.11]

\_\_\_\_\_A Certificate of Naturalization issued by the United States Department of Citizenship and Immigration Services (USCIS) (Form N-550 or Form N-570) [O.C.G.A. § 50-36-2(b)(3); 6 CFR § 37.11]

\_\_\_\_\_Certification of Report of Birth issued by the United States Department of State (Form DS-1350) [O.C.G.A. § 50-36-2(b)(3); 6 CFR 37.11]

\_\_\_\_\_Certification of Birth Abroad issued by the United States Department of State (Form FS-545) [O.C.G.A. § 50-36-2(b)(3); 6 CFR 37.11]

\_\_\_\_\_Consular Report of Birth Abroad issued by the United States Department of State (Form FS-240) [O.C.G.A. § 50-36-2(b)(3); 6 CFR 37.11]

\_\_\_\_\_An original or certified copy of a birth certificate issued by a State, county, municipal authority, or territory of the United States bearing an official seal [O.C.G.A. § 50-36-2(b)(3); 6 CFR 37.11]

In addition to the documents listed herein, if, in administering a public benefit or program, an agency is required by federal law to accept a document or other form of identification for proof of or documentation of identity, that document or other form of identification will be deemed a secure and verifiable document solely for that particular program or administration of that particular public benefit. [O.C.G.A. § 50-36-2(c)]

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<sup>1</sup>Senate Bill 160 (Act No. 27), effective July 1, 2013, limited the use of passports issued by foreign nations to satisfy the requirements for submission of secure and verifiable documents to only those passports submitted in conjunction with a United States Department of Homeland Security ("DHS") Form I-94, DHS Form I-94A, DHS Form I-94W, or other federal form specifying an individual's lawful immigration status or other proof of lawful presence under federal immigration law.